

MISSOURI DEPARTMENT OF SOCIAL SERVICES  
**SAMII PAYMENT REQUEST FORM**

*Mail to:*  
 DFAS Accounts Payable (A/P)  
 P.O. Box 1643  
 Jefferson City, MO 65102-1643

**DFAS USE ONLY**

EFT \_\_\_\_\_ PAPER \_\_\_\_\_ VENDOR#:

**\*THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

| DIVISION            | UNIT/OFFICE  |  |
|---------------------|--------------|--|
| DFAS                | Cole         |  |
| CONTACT PERSON NAME | PHONE NUMBER |  |
| Joy Benne           | 751-7027     |  |

| VENDOR/PAYEE NAME                | AMOUNT OF PAYMENT |
|----------------------------------|-------------------|
| Alliance For Life - Missouri Inc | \$179,194.85      |

|  |                         |
|--|-------------------------|
| CONTRACT, ER, OR PG NUMBER (if applicable) | CS170042001/ [REDACTED] |
|--|-------------------------|

**CODING INFORMATION:**

|                                     |      |
|-------------------------------------|------|
| ORGANIZATION CODE(S) TO BE CHARGED: | 3155 |
|-------------------------------------|------|

**DESCRIPTION OF CODING OR FUNDING SOURCE** (*Indicate the exact words from coding sheet*):

ALTERNATIVES TO ABORTION

GR 100% 0101 886 3155 2955 1536 Q221

**SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE**

August 2018 Payment

**DFAS USE ONLY--DO NOT WRITE/MARK BELOW**

|                         |                       |
|-------------------------|-----------------------|
| ENCUMBER:               | DATE:                 |
| <b>PURCHASING:</b>      |                       |
| PO#                     | COMM LINE: INIT/DATE: |
| <b>ACCOUNTS PAYABLE</b> |                       |
| DATA ENTRY:             | APPROVAL:             |